

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/5/19179

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15	1			1		
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40	1					
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	5		10			
TOTAL DEP.	46	←	105	←		
TOTAL CLAIMs	50		115			

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51		1		
52		1		
53		1		
54		1		
55		1		
56		1		
57		1		
58		1		
59		1		
60		1		
61		1		
62		1		
63		1		
64		1		
65		1		
66		1		
67		1		
68		1		
69		1		
70		1		
71		1		
72		1		
73		1		
74		1		
75		1		
76		1		
77		1		
78		1		
79		1		
80		1		
81		1		
82		1		
83		1		
84		1		
85		1		
86		1		
87		1		
88		1		
89		1		
90		1		
91		1		
92		1		
93		1		
94		1		
95		1		
96		1		
97		1		
98		1		
99		1		
100		1		
TOTAL IND.	3			
TOTAL DEP.	47	←		←
TOTAL CLAIMs	50			